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"Cholera is a hundred percent preventable and . . . almost a hundred percent curable. Yet . . ." writes Sister M. Elise Wijnen, M.D. in "Cholera Clean-Up."

Mandar, our new village mission, is situated in a diocese with a colorful historical background—"Ranchi in Retrospect."

"Off to India"—two by air, two by sea.

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ ..... for its general purposes."

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care for the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

HOLY FAMILY HOSPITAL
Rawalpindi, India
HOLY FAMILY HOSPITAL
Patna, India
MITFORD MUNICIPAL HOSPITAL.
Dacca, Bengal, India
THE SANTA FE CATHOLIC MATERNITY INST., Santa Fe, N. M.
THE CATHOLIC COLORED CLINIC
Atlanta, Georgia

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

Notice to Subscribers

Owing to difficulties in obtaining paper we are combining the March and April issues.

A Mystery of Mercy

THE REV. JOHN S. MIDDLETON

Some of the most beautiful praises of Mary in all literature were sung by Dante in the twenty-third canto of the Paradiso. Our Lady comes to the poet as the Queen of Compassion, manifested singularly by the fact that she consented to be the Mother of God for the salvation of all men. Mary is the Mystical Rose wherein the Word Divine made Itself flesh. As Mother of our Saviour, she has power to uplift those who struggle in the deepest valley of the universe, and so, to raise their eyes on high in hope of happiness here and hereafter.

"In thee is tenderness, in thee is pity, in thee munificence, in thee united whatever in created being is of excellence."

"Here art thou unto us the meridian torch of love and there below with mortals art a living spring of hope."

"In thy womb was lit again the love under whose warmth in the eternal peace this flower has thus unfolded."

"Thou art she who didst human nature so ennoble that its own Maker scorned not to become its making."

God became man for us and for our eternal happiness. The eye of Love so loved the world and miserable man in the world that the only begotten Son of the Father of Mercies came to redeem us.

"Then the kindness of God, our Saviour dawned on us, His great love for man. He saved us; . . . in accordance with His own merciful design He cleansed us, giving us new birth and restoring our nature through the Holy Spirit, shed on us in abundant measure through our Saviour, Jesus Christ." (*Titus*, III, 4-7)

The details of the Annunciation are familiar to every Catholic child. Yet, too few mature Christians realize that this mystery and feast tell the greatest reality in human history. Mary's words, "Behold the handmaid of the Lord" . . . "Be it done," record an act of sublime surrender and consummate compassion. When the little lady spoke them she was aware that her consent was an immolation because the Mother of the God-man was to be the Mother of the Saviour, and the Saviour was to be crucified ignominiously on a gibbet. She knew that His countenance would be inglorious among men. He had been described in prophecy as "a worm—no man—the outcast—laughed to scorn—despised—most abject—a leper—struck by God—led as a sheep to the slaughter—a lamb before his shearer—reputed with the wicked—a man of sorrows." Even so, Our Lady, made her glorious reply:

"Behold . . . Be it done."

Saint Augustine defines mercy as heartfelt sympathy for another's distress, impelling us to help him if we can. For mercy takes its name from denoting a man's compassionate heart for another's unhappiness. The psalmist refers to God as "a merciful and gracious Lord." (Ps. CX, 4) Saint Thomas Aquinas commenting on this text says that mercy is especially attributed to God. In proof of which it must be considered that a person is said to be merciful, as being, so to speak, sorrowful at heart; being affected with sorrow at the misery of another as though it were his own. Hence it follows that he endeavors to dispel the misery of this other as if it were his. This is the effect of mercy. It belongs properly to God to dispel that misery.

Mary, overflowing with divine life "full of grace" is indeed the Mother of Mercy. When Mary became the Mother of God, she began to live with a richer abundance the mercy of God and the Compassion of Christ. It becomes very clear, then, that the Annunciation deserves in a special sense to be called a mystery of mercy. This becomes even more evident when we realize that with the instant of the Incarnation man's redemption began. The completion of this merciful moment was on Calvary, where Mary repeated in effect her "Behold . . . Be it done." In the beloved disciple John, Mary took unto herself the whole human race with all its sins and miseries.

It is significant that the Annunciation is the feast of special choice among the Medical Mission Sisters. Like Mother Mary, they would have the compassionate Christ mystically grow in them for the relief, rehabilitation and redemption of a suffering world. Theirs is particularly an apostolate of mercy in mission lands. Knowing full well that the body exists for the soul and both body and soul exist for God—they give Christ-like care to the sick bodies of women and children in foreign lands and at home. Like their Merciful Master, they touch the eyes of the blind, the ears of the deaf, and the leper's sores. They help the lame to walk, clothe the naked, all the while bringing the Gospel to the poor by the gentle touch of a divinely human compassion. Trained and skilled by the best education that modern medical science can offer, they care for the body—but the real inspiration of their lives is deep in the Heart of Christ, the compassionate love of suffering humanity. And their way to His Heart is Mary, who gave the Saviour His Heart, when she began to live fully the Mystery of God's Mercy in answer to an angelic Annunciation from another world.

OUR SISTERS IN PATNA—Left to right: Sr. Ignatius Marie, Sr. M. Laetitia, Sr. M. Ann, Sr. M. Hedwig, Sr. M. Elise, Sr. M. Cecelia.

On to Patna

MOTHER ANNA DENGEL, S.C.M.M., M.D.

Over the year's end I was on my way to Patna. I made a little detour to Dehra Dun to see the architect of our Holy Family Hospital. He being German, was one of several thousand internees in the British internment camp there. It consisted of a whole city of one story barrack-like buildings, where groups of men were housed according to nationality. Visits of one half hour duration were allowed by appointment in the presence of a guard or, if need be, an interpreter. I was told that the internees were allowed to go for walks to the surrounding mountains. They had a currency and shops of their own, and having experts of many occupations, trades, and professions, were engaged in manifold activities. Our architect had the advantage of advice from electricians, plumbers and others.

Dehra Dun is less than a day's journey from Delhi and situated in the Archdiocese of Agra which is confided to the Italian Capuchin Fathers. The pastor of Dehra Dun was Father Luke, an old friend. He extolled the beauty of the place and having a car at his disposal just for the day was able to show me the points of main interest—among which was a large camp built up and used by the Americans during the war. It was empty at the time. I was thinking —it would make a fine sanitarium or something similar—but the upkeep would cost a lot as the buildings were scattered.

Dehra Dun is 3,000 feet high and set in a frame of gorgeous hills and mountains. On the spur of one of them, 7,000 feet aloft, is the so-called Queen of Indian Hill Stations, Mussoorie. At night when lit up it becomes visible from below. It looks as if a whole constellation had lost its way to Mother Earth.

Dehra Dun, having a comparatively good climate (except for the torrential rains) is favored with a number of educational institutions of which the large school of forestry is well known. I enjoyed the hospitality of the Jesus and Mary Nuns, who conduct a flourishing academy.

I had to make my train connections by a bus ride of several hours, and alas,—there was a bus strike starting just then in protest to the plan of the government to take over the bus service. The last bus going was standing there heavily laden with Indian passengers—and was on the verge of leaving without me—when lo and behold, an Indian soldier volunteered to sit on the floor and give me his seat. I salaamed, and salaamed, but mere words could not express my appreciation and gratitude.

I reached the train safely and in time. Among the passengers was a bus owner who flowed over with information on bus problems. It was an eye-opener on the far reaching economic effects of private versus government ownership. Educated Indians now analyze and study these problems very carefully and make comparisons with other countries. It struck me that the day would dawn when the Indians would delve into the social encyclicals of Leo XIII and Pius XI.

The discussion became very heated as one of the passengers, apparently a union leader, advocated that the bus men allow their bodies to be rolled over rather than give in. It took something of major importance to change the subject. A Westerner will perhaps find it surprising that the change of scenery which a river makes, flowing from the mountains into the plains, is of sufficient importance to break up a heated argument—but in Hardwar it is. That is the hallowed spot where Mother Ganges, after a long journey, emerges from Himalayan heights and starts her beneficent course through a vast and fertile plain which probably has the densest population of the world. The conversation instinctively and reverentially turned to the Hardwar pilgrimage place—all pilgrimages are dear to Hindus.

Our next big stop was Lucknow where we were joined by a very gentle Indian gentleman, —typical of Hindus. He was a violinist and citharist and very willing to answer our questions about Indian music. He told us that the old songs had been and are still being kept alive by bards who were and to a lesser degree are still patronized by rajahs and such men. However, now it is becoming fashionable for everybody to sing, play and dance. This must have pleased a Mohammedan lady passenger who, reticent until now, pointed to her violin perched on a stack of somebody else's luggage and told us that it was her inseparable companion. She said it in a way that one could not help but picture her playing for the sheer love and joy of it. She told us that she was the principal of a Mohammedan girls' school where many girls still come veiled in burkas. She herself had worn a veil in her youth but had discarded it. It was a case of "education maketh free."

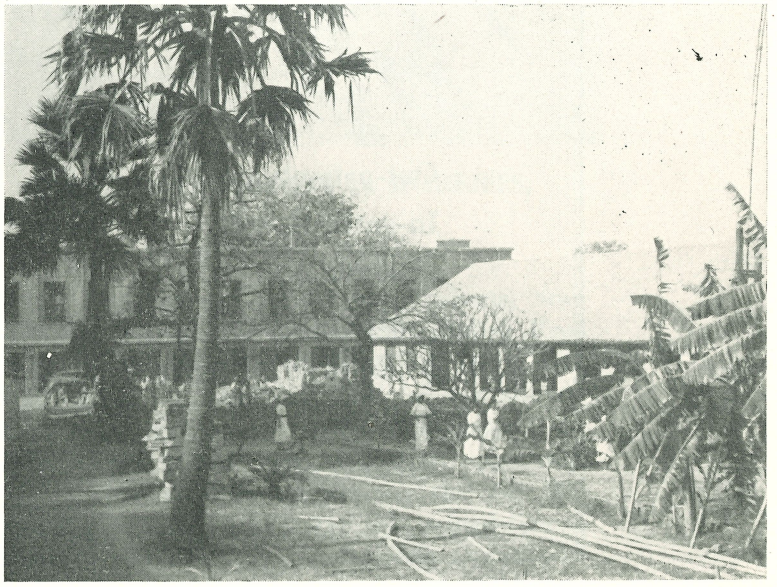
I arrived at Bankipore Station, a suburb of Patna, at 1:00 a.m. On the deserted platform, I saw at a distance a figure in white and to my delight, discovered that it was Sr. M. Laetitia, who had come to meet me. It requires a communism of the monastic type to meet brethren at zero hour—when it takes a two hour jolt in a horse drawn vehicle along dark highways and byways from station to destination. We reached Holy Family Hospital at Padre-ki-Haveli, where the old historic Cathedral stands, in time for Mass, which was celebrated by Rev. Father Westropp, S. J. The congregation consisted of an Indian woman doctor who is on the staff, about thirty student nurses, various types of hospital aides—men and women—Indian Sisters of St. Ann, a European Sister, and our Sisters. Nearly all received Holy Communion.

I met our Sisters at breakfast. Contrary to our custom of keeping silence at breakfast, we talked and talked until the bell called the student nurses on duty which meant duty for our Sisters, too. In the course of the day Sister M. Laetitia took me through the hospital which consists of sundry old and new buildings. In the beginning (1940) the patients could be accommodated in the long, one story brick building on the compound, but as the work grew, Reverend Father Loesch, S. J. added two double story buildings, which eventually will be useful for school or other purposes. At the time of my visit the census was about 150, the majority women, but also quite a number of men and children. While I was in the children's department an emaciated couple arrived, unwrapped their one and only treasure— a very sick little baby, two months old. They were worried—speechless—and looked at us expectantly. It was a case of severe enteritis. The prognosis was poor—very poor indeed—and I must say, on my daily subsequent rounds I approached the children's department with trepidation, fearing that the little baby would not make the grade. When it did, I was overjoyed. The mother appeared quite nonchalant and relieved, and the father who previously hovered around at all hours was hardly to be seen any more. No doubt he was about his business — probably sweeping the gullies of Patna.

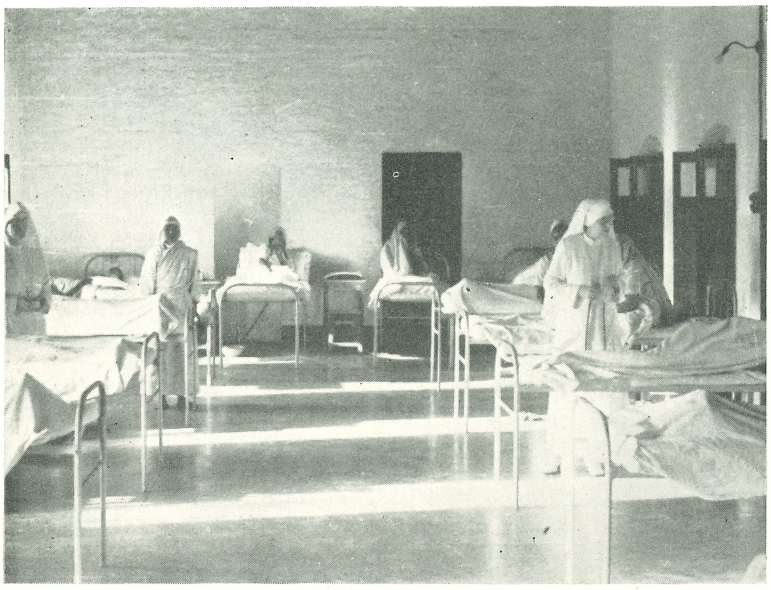
Food for thought and action. There are eight million births in India every year—24% of babies born, die within the first year of life and 48% under the age of 10 years. How many heartaches for fathers and mothers!

I digressed because this baby just touched my special sympathy and attention—there was pathos—a climax—and a happy ending, but that can be repeated over and over again as one moves from bed to bed, from ward to ward. There was a moron in one bed—a huge young man—who had to be taken care of like a child. He was a European—his mother left him there knowing that he would be cared for by the Sisters.

The out-patient department was going practically all day. An Indian woman doctor and an Indian ophthalmologist were helping Sister M. Elise, M. D., who had her hands full with the in-patients and surgery. A very able young Indian surgeon also came for part time duty in the hospital.



The compound, Holy Family Hospital, Patna



A ward in Holy Family Hospital, Patna

According to Indian standards, the hospital was swarming with student nurses. This is not to be taken literally because there were only 34 in all, but that is a great number compared to most hospitals. These students consisted of Sisters of St. Ann, and young girls, most of whom come from the neighboring diocese of Ranchi, where Belgian Ursulines have devoted themselves for decades to educate aborigines and have succeeded admirably. These young women, only two or three generations Catholic, have high morals and ideals, and many of the girls in training are planning to enter religion. Despite this, their training is no child's play. They do not know English and have no concept of many things which we take for granted. There is the example of gloves. The first gloves they ever see are rubber gloves, and to teach them the simple procedure of pulling them on requires patience and time. Also one has to understand these children of the wide open spaces. They have to play and bathe and sun themselves. Sister has them play ball even before they start work. (It seemed strange to me at first—but then I understood.) The transition from their mode of life to that of hospital discipline is tremendous and one marvels how well they do it. In a way these people of primitive tribes are less handicapped than Hindus and Mohammedans who have so many ingrained ideas and customs to overcome in nursing. They also have the advantage of being Christian which gives them motives and incentives supremely worthwhile. It is interesting that out of the handful of 7,000 nurses in India, 80% are Christians. I say a handful because to even approximate Western standards there should be 800,000 nurses in India. Th training of Indian nurses is a very important and urgent task which we have at heart. Our training school in Patna is accredited, and so is the one in Rawalpindi.

With the scope so great and the facilities in the present hospital so limited, it is only natural to think and plan for a bigger and better hospital. More about this later.

STATISTICAL REPORT FROM OUR MISSIONS FOR 1946

	INDIA		UNITED STATES	
	Rawalpindi	Patna	Sante Fe, N. M.	Atlanta, Ga.
Out-patients	46,439	38,502	2,305	8,400
In-patients	3,458	3,881		
Operations		877		
Major	296			75
Minor	1,313			175
Deliveries	1,053	460	207	
Home Visits			3,390	

THE STRATEGIC POINT

BY

THE MOST REV. THOMAS D. ROBERTS, S. J., D. D.

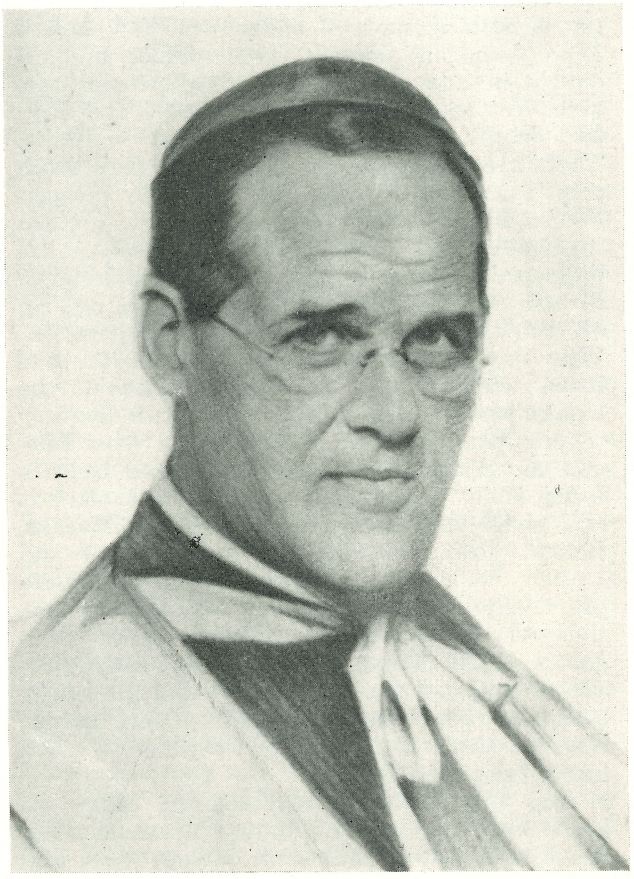
On a recent visit to the motherhouse at Fox Chase, Archbishop Roberts expressed his opinion of the part the medical mission apostolate can play in India.

Had I a multi-millionaire friend who should offer to give me a blank check for any missionary work, I would, though not very directly concerned with such a work in my diocese, spend it ALL on Medical Missionary work in India in preference to others. Why this priority? Chiefly, I think, for two reasons. One—any direct approach to conversions at the moment is extremely difficult. Religious fanaticism and suspicion for all that comes from the West are two streams contributing to one river; and that river does not flow Christian-wards or toward Christ.

To take but one example,—the conversion of two Parsee girls at the new University College of the Sacred Heart Nuns in Bombay about three years ago brought about a storm of calumny and persecution resulting in the suppression of the university status of the College. True, it was restored by the Government. (It was possible at that time, but such restoration is outside of the power of the Government today.) By the departure of the British, minority rights have no such protection now. Examples could be multiplied.

Secondly,—the Church has unquestionably lost an opportunity which Protestants have naturally from their point of view very laudably exploited. They have long had women work without restriction as doctors, as nurses, midwives, and so forth—that was forbidden to nuns until as recently as 1936. And it was from America that the new influence came.

It would be no exaggeration to describe care for the woman and child of India as "the strategic point" in missionary activity. Millions are concerned; the need is recognized, as urgent and dire. In that way can Our Lord appeal to men as once before in His own lifetime when preaching the Gospel . . . "And He coming forth saw a great multitude and had compassion on them, and healed their sick."—St. Matthew xlv, 14.



MOST REV. THOMAS D. ROBERTS, S.J., D.D.
Archbishop of Bombay

His Excellency, Archbishop Roberts, was born in France. He joined the English Province of the Society of Jesus in 1909. His main work was teaching until he was named Rector of St. Francis Xavier's, Liverpool, in 1935. Two years later he was appointed Archbishop of Bombay. During the war His Excellency was delegate for the armed forces in India.

Cholera Clean-Up

By Sister M. Elise Wijnen, S.C.M.M., M.D.

India is at last waking up to the fact that the continued presence of cholera in the country is nothing short of a disgrace. For cholera is a hundred percent preventable, and, if caught in time, almost a hundred percent curable. Yet there are between 150,000 and 450,000 deaths from cholera per year in India. There are plenty of reasons for this high death rate, but none of them are adequate excuses. Proper living habits and sanitation would clean up the country from cholera at once, as has happened in Europe and America. If India is to take its place among the progressive nations of the world, this situation must be remedied. With the increase in the amount and speed of travel, cholera could become a menace to the whole world. During the nineteenth century several pandemics of cholera swept over Europe and America, and all were traced back to India. This might happen again, for cholera is still endemic in many parts of India. Madras, Bengal, Bihar, Orissa, and the Central and United Provinces, all have cases of cholera practically the year around. Strange to say, the peak of the seasonal incidence varies: Bengal in April, Bihar in May, the United Provinces in June, etc. Some think that the heavy monsoon rains wash away the cholera germs, but a complete explanation of this variation has not yet been found.

That the disease is endemic in Bihar we know only too well by bitter experience. We are almost never without a cholera case, and sometimes we are hard pressed to find room for them all. They come, with monotonous regularity, in the middle of the night after having been ill from a few hours to a few days. Each one is a 'medical emergency,' collapsed, dehydrated, half-dead from purging and vomiting. Some come in groups from one family or home, and more usually follow from the same neighborhood.

Cholera at Home

This is hardly surprising. Both the vomitus and the excreta of cholera patients swarm with the comma bacillus, and the habits of the people make a spread of the disease almost inevitable. Apart from direct contact with the patient and his excreta, there are the millions of flies to contaminate food and drink and dishes. In fact, nothing but the presence of a certain amount of immunity, acquired by repeated exposures to the infection, prevents a family which has cholera in its midst from being wiped out entirely.

Just watch the scene for a few moments: There lies Ram Gopal, a boy of sixteen, rolling and tossing on a dirty charpoy (string bed), vomiting all over the floor and on his clothes. His mother solicitously wipes his face and neck with her bare hand, and then picks up a crying toddler, and proceeds to nurse him. All around the sickbed children are crawling, staring at their suddenly ill brother, chasing each other in play, slipping and falling on the dirty mud floor. The entire neighborhood moves through the room to commiserate with the patient and to offer remedies, all equally useless. The boy's empty "lota" (brass drinking vessel) is taken to the water bucket and filled, for the tenth time perhaps. No sooner has the poor fellow drunk the water when he vomits it, all over himself and the bystanders. And this goes on for hours! It's a wonder that any of the household survive.

Cholera in the Hospital

This is only the beginning of the tale of woe. Hospital facilities are so inadequate, especially in the villages, that thousands of patients die every year without any attempt to obtain proper treatment. Most of the infectious disease hospitals, even those in large cities, are in such an unsatisfactory condition that they cannot cope with the number of patients during an epidemic. The buildings are not suitable, the staff is inadequate, the equipment poor, laboratory facilities insufficient. Patients come in and die, one after another, because there is no one free and capable of giving them proper care. Nearly every case needs fluids given intravenously, and careful watching afterwards. Plasma transfusions have been shown to pull up even the desperate cases, but such treatment is almost unknown in India. No wonder that the people often shun these hospitals and prefer their own quack remedies.

There is no justification for such a sorry state of affairs, and it should be remedied in the shortest possible order. This is no easy job. The towns are perfectly able to provide good medical care if they really tackle the problem, but the rural areas are much harder to manage. The numerous villages can hardly occupy and support a doctor, not to mention a hospital. Distances, bad roads, and habits of fear and inertia, all make removal of an acutely ill patient to a city hospital an all but impossible undertaking. The hospital must be brought to the patient, and that at a moment's notice.

Cholera en Route

This can be done by a mobile medical unit, a travelling truck or van, with its staff of doctor and nurses, and its needed equipment and remedies. Such a unit should be ready to move instantly to a village where cholera has broken out. Cholera is such a quick and short-lived illness that emergency measures are really all that are needed. The patients can be brought to the medical truck, and be treated under the baniya trees, or in improvised shelters. A few quarts of saline intravenously literally mean the difference between life and death in cholera. The simplest set-up, a wooden stand, a glass or enamel can, a piece of rubber tubing, and a hollow needle, can give this saline as cleanly and efficiently as the finest hospital equipment.

Combined with energetic preventive measures, such a medical unit could stamp out cholera in a village in a week or less. Isolation of patients, disinfection, and wholesale immunization of the population will do this job in short order. Cholera bacilli are short-lived and easily killed, fortunately. Immunization has become generally accepted in India, at least in areas and at times when the disease is actually present in the neighborhood. Public opinion has definitely come around in this respect. In one year (1943) in Bengal alone, over eighteen million inoculations were performed! This would have been unimaginable ten years ago. Even precautionary cholera injections, nowadays obligatory before people are allowed to attend the huge religious festivals, are accepted without much protest.

Cholera Stamped Out

All this is commendable and necessary, but it does not solve the problem permanently. Three things are needed to make a country free and safe from cholera—things so taken for granted in America that it is hard for us to picture a country which has hardly heard of their existence. These three are:

1. Clean water; 2. Sewage disposal; 3. Food control.

India has none of these. The cities have street pumps or taps, but the villages use the nearest river, pond, or dirty surface well. Sewage disposal is usually left to nature. Only the larger towns have a crude system—bullock-drawn little carts, smelling to high heaven, riding up and down the narrow lanes. Otherwise, it is "every man for himself," which means that all outdoors is a bathroom and every ditch is a drain. Food control is nil. There is no check on the sale of rotten fruits and vegetables, no protection against flies for the innumerable little food and sweet stands scattered all along the dusty roads.

Housing conditions are indescribable. "Heaps of rotting garbage, and pools of sewage surround the little hovels, consisting either of a single room, or of a few dark alcoves looking out on a tiny courtyard. Ventilation is almost impossible, water supply non-existent, and latrines generally absent. That is where human beings sleep and eat, live and die." (Report of the Housing Committee) Comprehensive planning is needed to change all this. Concomittantly with an increase in wages, education, and medical facilities, there must come a complete system of urban and rural water supply, waste disposal, and housing improvements. Cholera is only one facet in this black diamond of illness and suffering in India. But the incidence of cholera will be a good indication of the sanitary and general improvements in India in the years to come.

MEDITATION . . .

Sister M. Elise, M. D., gives us thoughts for meditation from Rawalpindi. "As in every language, there are innumerable words for "father" and "mother" in Urdu. The Hindus and Mohammedans use various expressions which differ with locality and dialect. The usual word "bap" is not used in addressing but only in referring to the father. The Hindus use "Pita-Ji," and among the Mohammedans the usual term is "Abba." One day I was trying to give an intravenous injection to a little Mohammedan boy who had kala azar. His veins were small, his arm very thin, and I was having a hard time poking around with my needle. His father was holding him on the table, and all the time the little fellow kept crying "Abba, Abba-Ji," and the father kept saying, "It's all right, son." The child did not move or struggle, but just kept crying his father's name, and patiently his father kept comforting him. It gave me entirely new thoughts on the prayer of Our Lord during His agony in the garden. Only the one word, "Abba," but it contained all the rest. The father did not interfere with my work; the boy had to bear the pain just the same; but, oh, what a difference!

Ranchi in Retrospect

THE REV. ANTHONY G. SCHIRMANN, S. J.

The following article gives the setting of the village hospital which the Medical Mission Sisters plan to open at Mandar, in the Ranchi Diocese.

The Jesuits from the Maryland Province will be our neighbors since on February 20, 1947, the Jamshedpur Mission was assigned to them. This mission was formerly a part of the Dioceses of Ranchi and Calcutta, attended by the Belgian Jesuits.

Father Constant Lievens, S. J.
"the Little Xavier"

Ranchi, Biru, Gangpur, Khunti, Gumla and Barway may be just names to most Americans. To a few of our soldiers who have returned from the Eastern war theatre they may even indicate a portion of India; but to the Catholic Church these names are all redolent with the savor of mission work well done for well nigh three quarters of a century. They all form part of the Ranchi Mission in India—a mission that has its plains of rice paddies along the Sankh, Koel, Subarnarekha and Damodar Rivers, and its mountain ranges with its peaks towering 4,000 feet into the heavens from up in Hazaribagh right across the mission. At present there are engaged in the mission one Jesuit bishop, 121 Jesuit priests, 49 Jesuit scholastics and 16 coadjutor brothers. The mission proudly points to its 45 native Indian priests, members of the diocesan clergy and more than 130 sisters, many of whom are Indian.

Originally this mission was part of the Calcutta Mission, but that was back in 1859 when the first Belgian missionaries pioneered at the then Bengal Mission. Calcutta will serve as a means of locating the Ranchi district on the map. Follow the coastline of India up to the many mouthed Ganges. There you will find Calcutta. Now trace westward 140 miles and you will have arrived at the most easterly boundary of the Ranchi Mission. Travel due north 40 more miles and west 275 miles, and you will have arrived at its most westerly extremity. Using this point as an apex, trace an isosceles triangle with jagged irregular sides to a base 140 miles long, the way a crow flies, and with equal irregularity, and you will have found the present Ranchi Mission bounded on the north by the Patna Mission and on the east and south by the Calcutta Mission which gave it birth.

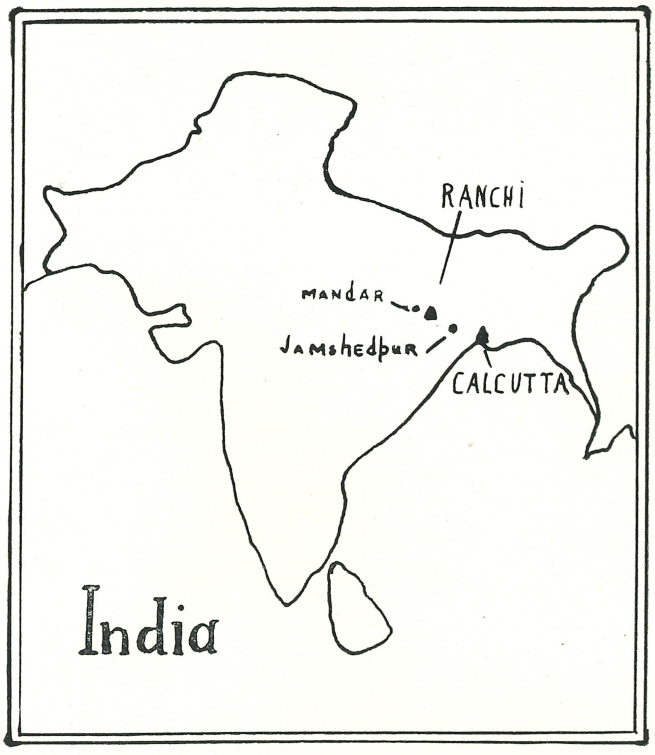
The returns of spiritual ministrations of the Jesuit Fathers for 1945 show us that there are 313,455 Catholics in the mission with 22,363 catechumens under instruction. The fact that 11,000 children are born of Catholic parents annually and that another 8,000 adult converts are received into the embrace of Mother Church each year speaks favorably for the future of the Ranchi Mission.

The history of the growth of the Ranchi Mission can best be summed up in four names—Libin Sahib, as Father Constant Lievens was called, Father Grosjeans, His Lordship Monsignor Van Hoeck and Father J. B. Hoffmann.

In 1885 Father Constant Lievens S. J. came to India fresh from his studies not yet having made his final year of ascetical training. He was the answer to the prayers of Father Sylvain Grosjeans. As a novice he had been so shy by nature that on one occasion the Father Minister of the community remarked to the Master of Novices: "You must correct that Novice or he will never be able to do any good!" Lievens followed in the footsteps of Father Stockman who in 1869 had been the first Jesuit in Chota-Nagpur. Little did he dream that future missionaries would call him "the Little Xavier" and "the Apostle of Chota-Nagpur." He made his apostolate among the poorest of the poor—the Mundas, the Ouraons and the Kharrias. He saw the benefits reaped for these down-trodden people by the Lutherans who had preceded him in the mission by forty years; he saw too these aborigines kept helpless slaves by the "zemindars" (usurers) who defrauded them of their hard earned savings. He studied the laws of his people; he befriended them, encouraged them; he even pleaded their causes in the law courts and to his own surprise, he won. Whole villages came to him asking his aid. Whole villages too seeing in him a true friend, sought the saving waters of baptism. More than 800 villages were converted by Father Lievens in a little more than seven years. To read in the records of the Barway-Chhechhari District of 13,000 baptisms administered alone in 1889 or 1,241 during the last two months of his life in India while he was already doomed to death with tuberculosis, staggers the mind. And yet his baptisms were only a small portion of his work in Chota-Nagpur. He built chapels, opened schools, instructed converts, on horseback visited the most distant corners of his field and was at the beck and call of every Ouraon who knocked at his door.

The work of Father Lievens among the poor was systematized by Father J. B. Hoffmann S. J. who established the Chota-Nagpur Cooperative Credit Society in December 1909. The story of the "Bank," now 38 years old, is a story of social uplift and applied modern missionary endeavor that is a model for future missionaries the world over. Because of his nationality, exiled during World War I from the Ranchi Mission whose people he loved with a father's love, he never returned to the scenes of his most fruitful labors.

What men like Lievens and Hoffmann did by activity in the field His Lordship, Monsignor Van Hoeck, Bishop of Ranchi, until he was succeeded by Bishop Ansgar Sevrin, the present Bishop of Ranchi, worked out quietly on paper and when the blueprint was drafted he issued to his priests a directive that is responsible for the high scholastic standard of the schools of the Ranchi Mission: "Let the missionaries," he wrote, "open in every village of some importance an Infant and Lower Primary School; at every mission station an Upper Primary School and at every central mission station a Middle School." But this directive would have been a dead letter had it not been for the foresight of Father Grosjeans S. J. who made the achievement of the directive possible. In 1902 he had opened his Apostolic School at Ranchi for training catechists and teachers. The Daughters of the Holy Cross who were in Ranchi since 1874 were aided in their educational work at the close of the century by the Irish Sisters of Our Lady of Loretto. To their number were added the Daughters of Saint Ann, a congregation for Indian sisters, canonically erected in 1903 the same year that the Ursulines of Thildonck came to Ranchi with their Lace School. Their number is now to be augmented by the spiritual daughters of Mother Dengel when the Medical Mission Sisters open their first medical mission center in Mandar, eighteen miles as a bird flies from Ranchi, the center of the entire Ranchi Mission. The past of the Ranchi Mission has been glorious; may the Medical Mission Sisters make its future even more glorious.



Mandar, 18 miles from Ranchi. The site of our new village hospital.

OFF TO INDIA

By Sea and Air

There was excitement at the motherhouse the first week in February when four Sisters left for India. At the departure ceremony on February 2, Reverend F. W. Schoberg, S. J., a member of the mission band with headquarters in Philadelphia, delivered the sermon—"a few informal thoughts from a veteran missionary." Benediction of the Most Blessed Sacrament followed, Reverend Charles Mahoney, C. S. C., presiding.

Sister M. Cyril, R.N.

On February 5, Sister M. Barbara, M. D., Wilmington, Delaware, and Sister M. Louise, R. N., Pittsburgh, Pa., sailed on the Queen Elizabeth from New York to Southampton, England. The voyage took five days, and on February 10, the Sisters were in England. Sisters Elizabeth and Bernard met them in London. The travelers stayed at the Medical Mission House in Osterley until the SS. Scythia sailed for Bombay on February 22.

Sister M. Barbara, M.D.

On February 9, Sister M. Renee, pharmacist and medical technologist, Elmhurst, N. Y., and Sister M. Cyril, R. N., Lakewood, Ohio, left on the plane, Douglas Skymaster, Trans World Airline. When the Sisters landed in Gander, Newfoundland, on February 11, they sent a report of their trip up to that point—a day in New York, a few hours in Boston, and then the landing in Newfoundland. Sister Renee describes Gander, "Gander Field looks like a bit of the Antarctic—just bleak shifting whiteness. One of our wing flaps was torn when it bumped into a mound of icy snow. Gander is an airport 18 miles from the nearest settlement and 30 miles from the next town. There is a restaurant, a hotel, a Catholic Church and school, a hospital, and a few general stores. All the buildings are barrack-like. We went for a tour through the Dr. F. Banting Memorial Hospital.

Sister M. Renee, Pharmacist

Sister M. Louise, R.N.

"Sister Cyril and I are enjoying

the flying. However, because the layer of ice on the window is so thick we miss many interesting things."

On February 14, a telegram was received notifying us that Sister Renee and Sister Cyril had arrived safely in India.

Sister M. Barbara is a graduate of Trinity College, Washington, D. C., and Woman's Medical College, Philadelphia. After serving her internship at Woman's Medical College, Sister spent two years at St. Joseph's Hospital, Baltimore, Maryland, as assistant resident and resident physician. She will join Sister M. Laetitia and Sister Ignatius Marie in Mandar where our village hospital will be formally opened on March 19th.

Sister M. Renee attended Trinity College and George Washington University School of Pharmacy, Washington, D. C. She received a B. S. degree in Pharmacy in June 1945, and did her practical work at St. Joseph's Hospital, Philadelphia, and at Doctors' Hospital, Washington, D. C. Later Sister Renee took a course in medical technology at Nazareth Hospital, Philadelphia, and is a member of the American Society of Clinical Pathologists. She is stationed at Holy Family Hospital, Rawalpindi.

Sister M. Cyril, R. N. trained at Providence Hospital School of Nursing, Washington, D. C. and received a B. S. degree in Nursing from the Catholic University of America in 1946. She is at Holy Family Hospital, Patna.

Sister M. Louise, R. N., completed her training at Providence Hospital School of Nursing, in October, 1946. When she received word that she was being assigned to Holy Family Hospital, Patna, Sister was at the Catholic Colored Clinic, Atlanta, Georgia.

PROFESSION AND RECEPTION

The ceremony of Reception and Profession followed the eight day retreat which was given by Reverend Leo M. Weber, S. J., of Washington, D. C.

The Rt. Rev. Msgr. Thomas F. McNally of Jenkintown, Pa., presided at the ceremony, assisted by the Rev. Charles Mahoney, C. S. C. Present in the sanctuary were Chaplain August F. Gearhard, Col., Mitchel Field, New York, uncle of Sister M. David, and Rev. Theophane Murphy, S. A., of Graymoor, New York.

Sister M. Camillus, R.N.

Sister M. Camillus, who made her first profession on February 11, has joined our Sisters at the Catholic Maternity Institute in Sante Fe, New Mexico. The departure ceremony was held at the motherhouse on March 5. Before entering the Society, Sr. Camillus trained at Mercy Hospital, Des Moines, Iowa, and later was employed as Public Health Nurse in Linn County, Cedar Rapids, Iowa, for four years.

The Sisters who made their final profession are: Sister M. Jane Frances, B. S. in pharmacy, Akron, Ohio; Sister M. Raphael, B. S. in pharmacy, Chicago, Illinois; and Sister M. David of Milwaukee, Wisconsin. Sister M. Camillus, R. N., from Newton, Iowa, made first vows.

The postulants who received the habit of the Society are: Miss Jean Lorenz, Dubuque, Iowa, Sister M. Sarah; Miss Elizabeth Dougherty, R. N., Blue Island, Illinois, Sister M. William; Miss Catherine Fitzgerald, R. N., Jersey City, N. J., Sister M. Kathleen; Miss Jane Coyle, Atlantic City, N. J., Sister M. Maureen; Miss Mary Roache, Elmhurst, New York, Sister Noel Marie; Miss Eleanor Harker, Belleville, N. J., Sister M. Joachim; Miss Mary Elizabeth Johnson, R. N., Minneapolis, Minnesota, Sister M. George; Miss Lucille Fricker, R. N., Tucson, Arizona, Sister M. Thaddeus; Miss Frances St. Aubin, R. N., Little Chute, Wisconsin, Sister M. Joan; and Miss Mary Hamilton, Bronx, New York, Sister M. Aquinas.

In his sermon Father Weber spoke of the Mother of God, "the unspotted mirror of His Majesty, the image of His goodness." Our Lady of Lourdes brings before us beauty— health —disease racked bodies—praying Ave, Ave, Ave in the great throngs of pilgrims. Ministering to the sick is the work of the Medical Mission apostolate, and this requires "handmaids of the Lord, radiating His holiness, mirroring Our Lady."

We ask our readers to remember Cardinal Rodrigue-Marie Villeneuve, O.M.I. in their prayers. On the occasion of the great missionary exhibition commemorating the three hundredth anniversary of Montreal, His Eminence told Mother Dengel of his great interest in the medical mission movement, and he bestowed his blessing on our Society.

The Mission Clipper

World Health Organization

Out of the first general International Health Conference, held in June and July, 1946, in New York, under the aegis of the United Nations, came the constitution of the World Health Organization. This document Dr. Thomas Parran referred to as a "Magna Carta" for world health. Delegates of sixty-one countries signed the constitution, in most cases subject to formal ratification by their governments.

The constitution of WHO defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," and states clearly that the enjoyment of the highest attainable standard of health is a fundamental right of every human being. At the closing session of the New York conference, Dr. Parran described the new organization as "a collective instrument which will promote physical and mental vigor, prevent and control disease, expand scientific knowledge and contribute to the harmony of human relations."

—Survey

In Moslem Country

Fifty years have passed since the foundation of the Lavigerie Hospital in the Oasis of Biskra by the White Sisters. Theirs has been an apostolate consecrated to the service of the suffering in a Moslem country. Today the hospital has a capacity of two hundred and fourteen beds. About five hundred poor unfortunates are attended each morning at the dispensary. Native nurses, trained by the Sisters, work actively in the different services.

—The Messenger of
Our Lady of Africa

The Scourge of the North

Alaska has one of the highest death rates in the world from tuberculosis, eight times that of the U. S. To care for them, Alaska has only 289 hospital beds, one sanatorium, only one qualified T. B. assistant in the health department. Dr. Conrad Earl Albrecht, Alaska's first full-time commissioner of health, is confident the disease could be licked if 1,000 beds could be provided. The Indians, Eskimos and Aleuts are good, stoic patients, who follow directions well and the Alaskan climate is favorable to the treatment of T. B.

—Time

Tropical Medicine

Establishment in Liberia of an Institute for Research in Tropical Medicine for the development of effective methods of disease control and eradication is announced by Dr. Thomas T. Mackie, president of the American Foundation for Tropical Medicine which will operate the Institute. Construction of the new Institute has been assured through a gift of $250,000 from Harvey S. Firestone, Jr., president of the Firestone Tire and Rubber Company.

Objectives of the new Institute, as elaborated by Dr. Mackie, include a direct attack against the vicious circle of endemic medical problems in the tropics; development and improvement of local economics for the benefit both of local populations and local and foreign business enterprises; providing stimulus and facilities for educational institutions in the United States for research and teaching in this important field of medicine, and utilizing medicine to promote international understanding.

—Medical Woman's Journal

Infant Mortality

Vital statistics indicate that mothers and children under five years of age constitute more than half of the population of a nation. On them lies the foundation of the conservation of the race; the status of their health and welfare shapes the destiny of their own beloved land. Maternal and child health work in China dates back only a decade or so. In China the maternal mortality rate is 15 per 1000 (i.e. approximately five times the Occidental level) with an even higher incidence of debilitating conditions resulting from bad midwifery. The infant mortality rate of over 200 is three or four times the Occidental rate. According to Newsholm, a high mortality rate means excessive loss of infants, high incidence of debilitating diseases among the survivors, high mortality rate among children under four years of age and poor health for the mother and her family. Infant mortality rates are indeed measures of the health of a nation.

—The Chinese Medical Journal

The Belgian Congo has 3,000,000 Catholics and 850,000 catechumens under instruction, declared Archbishop Dellepaine, Apostolic Delegate to Ruanda and Urindi. In his territory are 570 hospitals, 40 leprosaria, and 127 maternity centers.

—Jesuit Missions

R. I. P.

Please pray for the repose of the souls of:

Rev. Bernardine Brzezinski, O.F.M.
Washington, D. C.

Sister Mary of St. John Eudes
Religious of Our Lady of Charity
of the Good Shepherd
Philadelphia, Pa.

Mother Mary Aidan
of the Sacred Heart
Convent of the Assumption
"Ravenhill"
Germantown, Pa.

Sister M. Anna Regina Luckett
Sister of St. Joseph
Baden, Pa.

Mrs. Sophia Wavering
Quincy, Illinois

John Maybury
Hamburg, N. Y.

Joseph Vath
Buffalo, N. Y.

William J. Dwyer, M.D.
Boston, Massachusetts

May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen.

We Can't Stop Here -

The corner stone has been laid, the first story is completed.

Now we must see that our funds are not depleted.

The sick beg admittance, the Sisters are there eager to help and glad to give their lives, yet — daily, patients are turned away. What else can we do when every nook and corner of the old Holy Family Hospital is filled?

Please help us to continue building the new 200 bed Holy Family Hospital.

MOTHER ANNA DENGEL, M. D.
Medical Mission Sisters
8400 Pine Road
Fox Chase, Phila. 11, Pa.

Dear Mother Dengel:

Enclosed please find my Lenten offering $..... for Holy Family Hospital in Rawalpindi.

Sincerely,

.....

Peace and joy in the Risen Christ is the sincere wish of the Medical Mission Sisters for you— this Paschaltide – and always.

Prescription for Happiness

Deal thy bread to the hungry,
And bring the needy and the harborless
into thy house:
When thou shalt see one naked, cover him,
And despise not thy own flesh.

Then shall thy light break forth as the morning,
And thy health shall speedily arise,
And thy justice shall go before thy face,
And the glory of the Lord shall gather thee up.

Then shalt thou call, and the Lord shall hear:
Thou shalt cry, and He shall say:
Here I am.

Isaias 58, 7-9